

**DECLARATION  
AND POWER OF ATTORNEY  
U.S.A.**

ALL PATENTS, INCLUDING DESIGN  
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;  
NON PRIORITY; OR PROVISIONAL APPLICATIONS

FOR ATTORNEYS' USE ONLY

ATTORNEYS' DOCKET NO.

1 of 5

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

**A SYSTEM FOR MONITORING MECHANICAL WAVES FROM A MOVING MACHINE**

which is described and claimed in:  
 PCT International Application No. PCT/AU00/00821, filed 7 July 2000  
 the specification in application Serial No. \_\_\_\_\_ filed \_\_\_\_\_

(if applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

PQ 1524	Australia	9 July 1999	Priority Claimed
(Number)	(Country)	(Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(Number)	(Country)	(Day/Month/Year Filed)	Yes    No
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____	Filing Date _____	Application No. _____	Filing Date _____
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) _____	(Filing Date) _____	(Status: patented, pending, abandoned)
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No. ) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: <b>CUSTOMER NO. 00136</b> or <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004	DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666 <b>JACOBSON HOLMAN</b> PROFESSIONAL LIMITED LIABILITY COMPANY
---	---

\*Inventor(s) name must include at least one unabbreviated first or middle name.

1-0	<b>FULL NAME * OF INVENTOR</b>	<b>FAMILY NAME</b>	<b>GIVEN NAME</b>	<b>MIDDLE NAME</b>
201	RESIDENCE & CITIZENSHIP	<u>CITY</u> <u>BRISBANE</u>	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	<u>P O BOX 883 KENMORE</u>	CITY	STATE OR COUNTRY
202	<b>FULL NAME * OF INVENTOR</b>	<b>FAMILY NAME</b>	<b>GIVEN NAME</b>	<b>MIDDLE NAME</b>
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS		CITY	STATE OR COUNTRY
203	<b>FULL NAME * OF INVENTOR</b>	<b>FAMILY NAME</b>	<b>GIVEN NAME</b>	<b>MIDDLE NAME</b>
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS		CITY	STATE OR COUNTRY

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

<b>SIGNATURE OF INVENTOR 201*</b>	<b>SIGNATURE OF INVENTOR 202*</b>	<b>SIGNATURE OF INVENTOR 203*</b>
<u>John C. Holman</u>		
DATE <u>19/3/02</u>	DATE	DATE

Additional inventors are named on separately numbered sheets attached hereto.

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**A SYSTEM FOR MONITORING MECHANICAL WAVES FROM A MOVING MACHINE**

which is described and claimed in:

PCT International Application No. **PCT/AU00/00821.**

filed **7 July 2000**

the attached specification

the specification in application Serial No. \_\_\_\_\_

filed \_\_\_\_\_

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(Number)

**Australia**

(Country)

**9 July 1999**

(Day/Month/Year Filed)

Priority Claimed

Yes

No

(Number)

(Country)

(Day/Month/Year Filed)

Yes

No

(Number)

(Country)

(Day/Month/Year Filed)

Yes

No

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Application No.

Filing Date

Application No.

Filing Date

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(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

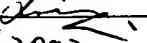
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201	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
202	POST OFFICE ADDRESS	CSIRO Minerals, PMB 5	CITY	STATE OR COUNTRY
	ZIP CODE	22344ux		
203	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

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SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
		
DATE 27/03/2002	DATE	DATE

Additional inventors are named on separately numbered sheets attached hereto.

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102  
which is described and claimed in:  
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the attached specification

filed 7 July 2000  
 the specification in application Serial No. \_\_\_\_\_  
filed \_\_\_\_\_

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PQ 1524 Australia 9 July 1999  
(Number) (Country) (Day/Month/Year Filed)

Priority Claimed

Yes  No

(Number) (Country) (Day/Month/Year Filed)

Yes  No

(Number) (Country) (Day/Month/Year Filed)

Yes  No

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---	---

\*Inventor(s) name must include at least one unabbreviated first or middle name.

3-a 201	FULL NAME * OF INVENTOR	FAMILY NAME <u>SHARP</u>	GIVEN NAME <u>Victor</u>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <u>SYDNEY</u>	STATE OR FOREIGN COUNTRY <u>Australia</u>	COUNTRY OF CITIZENSHIP <u>Australia</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>CSIRO MINERALS PMB #5</u>	CITY <u>MENAI</u>	STATE OR COUNTRY <u>Australia</u>
202	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
203	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY

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SIGNATURE OF INVENTOR 201: <i>V. Sharp</i>	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE <u>21-3-02</u>	DATE	DATE

Additional inventors are named on separately numbered sheets attached hereto.

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Prior Foreign Application(s)

PQ 1524

Australia

9 July 1999

Priority Claimed

(Number)

(Country)

(Day/Month/Year Filed)

Yes

No

(Number)

(Country)

(Day/Month/Year Filed)

Yes

No

(Number)

(Country)

(Day/Month/Year Filed)

Yes

No

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Filing Date \_\_\_\_\_

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SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

**JACOBSON HOLMAN**  
PROFESSIONAL LIMITED LIABILITY COMPANY  
400 SEVENTH STREET, N.W.  
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

**JACOBSON HOLMAN**  
PROFESSIONAL LIMITED LIABILITY COMPANY

\*Inventor(s) name must include at least one unabbreviated first or middle name.

201 201	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
		SPENCER	Steven	John
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		SYDNEY	Australia	Australia Aux
202 202	POST OFFICE ADDRESS	PRIVATE MAIL BAGS	CITY	STATE OR COUNTRY
			MENAI	Australia ZIP CODE
				2234
203 203	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS		CITY	STATE OR COUNTRY
				ZIP CODE

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SIGNATURE OF INVENTOR 201\*

*Steven Spencer*

DATE 21/3/02

SIGNATURE OF INVENTOR 202\*

DATE

SIGNATURE OF INVENTOR 203\*

DATE

Additional inventors are named on separately numbered sheets attached hereto.

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5-21 201		FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
		WELLER		Keith	Russell
RESIDENCE & CITIZENSHIP		CITY	BRISBANE	STATE OR FOREIGN COUNTRY	Australia
POST OFFICE ADDRESS		CITY	CHAPEL HILL, BRISBANE	STATE OR COUNTRY	Australia
					ZIP CODE
4069					
202		FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
		CITY			
RESIDENCE & CITIZENSHIP		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS		CITY		STATE OR COUNTRY	ZIP CODE
203		FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
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SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE 18/03/02	DATE	DATE

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